

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

10776767

\* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
2				
3				
4				
5				
6				
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47				
48				
49				
50				
Total Indep				
Total Depend				
Total Claims				

	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
51				
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98				
99				
100				
Total Indep				
Total Depend				
Total Claims				

4  
14  
18